

Attachment 6

Updated VSI Reports

(These are updated from those submitted with the draft final FOST)

Visual Site Inspection (VSI) Report

Facility Number(s)/Surrounding Property: Facility 1434 (volleyball court) and property associated with parcel A1

Facility Name: Parcel A1

Date Surveyed: 17 March 04 **Weather Conditions:** **Temp :** 82°F **Precip:** None

Surveyor: Rick Solander **Wind:** None

Facility Escort (as required): None **Visibility:** Good

Facility Escort Phone Number(s): Non Applicable

Year Built: 1973 **Last VSI Conducted:** 6 May 2003

Current Uses (include any special operations/equipment used): Recreational and Open Field

Past Use(s): Unknown Same as above X **Other (specify):**

Source of Past Use(s) Info: SSSEBS documents

Bio/Physical Setting (such as topography, surface drainage, and runoff, etc.): Relatively flat with surface drainage to open field area.

Describe "Housekeeping" appearance in and around buildings: Good. No sign of poor housekeeping.

Condition of Exterior Painted Surfaces: Not Applicable

Condition of Interior Painted Surfaces: Not Applicable

Additional Site/Structure/Building Specific Interview(s) None
(Name & Phone Number) (If Applicable):

HAZARDOUS MATERIAL / WASTE

Are Hazardous Materials Present? Yes ☐ No ☒ **Hazardous Wastes?** Yes ☐ No ☒

Are any of the Hazardous Materials/Wastes Radioactive? Yes ☐ No ☒

Describe Type:

Visual Site Inspection (VSI) Report

Are any Petroleum Products Present? Yes ☐ No ☒

Type of Hazardous Materials Present: _____

Type of Hazardous Materials Storage (e.g. drums, boxes, tanks, small containers): _____

IAP or ACCS Present? Yes ☐ No ☒

Location(s) of

IAP/ACCS: _____

Type of Hazardous Waste Present: _____

Type of Hazardous Waste Storage (e.g. drums, boxes, tanks, bowlers, roll-off bins): _____

IAP Disposal Practices (ACCS destination): _____

Changed Hazardous Materials/Waste Conditions since last VSI: None

Visual Site Inspection (VSI) Report

Potential Issues Checklist:

Cite indications of the following with a check by the appropriate item. Elaborate in the remarks section (on back of page) if additional clarification is required or if potential issue causes a concern.

- | | |
|--|--|
| <input type="checkbox"/> UST/AST (describe) | <input type="checkbox"/> Evidence of Improper Disposal |
| <input type="checkbox"/> Radiation | <input type="checkbox"/> Energy Source (describe if non-standard utilities) |
| <input type="checkbox"/> Oil/Water Separator | <input type="checkbox"/> Noxious Odors (describe) |
| <input type="checkbox"/> Grease Traps | <input type="checkbox"/> Stressed Vegetation (potential chemical release) |
| <input type="checkbox"/> Septic Tank | <input checked="" type="checkbox"/> Sensitive Receptors |
| <input type="checkbox"/> Sumps | <input type="checkbox"/> Discolored Soil (outdoor spills) |
| <input type="checkbox"/> Stormwater Drain | <input type="checkbox"/> Fill Areas/Partially Buried Objects |
| <input type="checkbox"/> IWL Drains/Effluent Waste Discharge (describe use and type) | <input type="checkbox"/> Surface Water |
| <input type="checkbox"/> Sanitary Sewer Drain | <input type="checkbox"/> Fraying Insulation |
| <input type="checkbox"/> Waste Piles (describe) | <input type="checkbox"/> Operation/Equipment of Concern (see check list below) |
| <input type="checkbox"/> Suspected Lead Paint (age <1978, and/or positive result) | <input type="checkbox"/> ODCs (chillers, fire suppressors, etc.) |
| <input type="checkbox"/> Suspected ACM (positive result) | <input type="checkbox"/> Landfills within 1000 ft (GIS/data) |
| <input type="checkbox"/> Suspected PCB's (leaking transformers) | <input type="checkbox"/> Medical/Biological Wastes (describe) |
| <input type="checkbox"/> Suspected PCB's (fluorescent light ballasts) | <input type="checkbox"/> Permits (air, waste treatment, radiation) |
| <input type="checkbox"/> Suspected PCB's (tagged equipment) | <input type="checkbox"/> Drum/Container Storage |
| <input type="checkbox"/> Stained Industrial Sinks | <input type="checkbox"/> Other (explain below) |
| <input type="checkbox"/> Evidence of Spills (indoor spills) | |
| <input type="checkbox"/> Evidence of Spills (outdoor spills) | |

Other issues, conditions, or discrepancies that potentially present a concern: _____

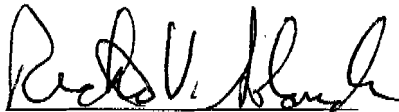
Operation/Equipment of Concern (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Plating Shop | <input type="checkbox"/> Washrack |
| <input type="checkbox"/> Machine Shop | <input type="checkbox"/> Degreaser |
| <input type="checkbox"/> Ballbearing Repair Shop | <input type="checkbox"/> Engine Testing/Repair Shop |
| <input type="checkbox"/> Electronics Repair Shop | <input type="checkbox"/> Physical Science/Testing Lab |
| <input type="checkbox"/> Instrument Calibration/Repair Area | <input type="checkbox"/> Battery Shop (lead/acid battery charging) |
| <input type="checkbox"/> Paint/Solvent Spray Booth | <input type="checkbox"/> Motor/Generator Repair Shop |
| <input type="checkbox"/> Fuel Bladder Shop | <input type="checkbox"/> Hydraulic Equipment Repair/Testing Shop |
| <input type="checkbox"/> Treatment Plants | <input type="checkbox"/> Media Blast |
| <input type="checkbox"/> IRP Systems (i.e. SVE units etc.) | <input type="checkbox"/> Other (explain below) |

Other Operations/Equipment: _____

Visual Site Inspection (VSI) Report

REMARKS: A vernal pool and seasonal wetland are located northeast of building 1434 in parcel A1. Sacramento County Consultants and the Air Force are working with the Fish and Wildlife Service to either remove the vernal pool designation or receive a separate Biological Opinion on the area.



RICHARD V. SOLANDER
AFRPA/DD-McClellan
Environmental Scientist

3/17/04
Date

Visual Site Inspection (VSI) Report

Facility Number(s)/Surrounding Property: Buildings 524, 525, 558, 560, 562, 563, 564, 565, 920, 922, 924, 945, 946, 1300, 1313, 1322, 1323, 1334, 1335, 1336, 1337, 1338, 1339, 1340, 1341, 1342, 1343, 1344, 1345, 1346, 1347, 1348, 1349, 1350, 1351, 1352, 1353, 1354, 1355, 1356, 1357, 1358, 1359, 1360, 1361, 1362, 1363, 1364, 1365, 1366, 1367, 1368, 1369, 1370, 1401, 1403, 1405, 1406, 1410, 1412, 1417, 1420, 1423, 1425, 1430, and associated property in parcel A2

Facility Name: Parcel A2

Date Surveyed: 17 Mar 2004 **Weather Conditions:** **Temp :** 82°F **Precip:** None

Surveyor: Rick Solander **Wind:** None

Facility Escort (as required): None **Visibility:** Good

Facility Escort Phone Not Applicable

Number(s):

Year Built: Various, ranging from 1952 to 1975. See SSSEBSs for more detail. **Last VSI Conducted:** 14 May 2003

Current Uses (include any special operations/equipment used): Housing, recreational, lodging, administrative. Includes childcare center.

Past Use(s): Unknown Same as above ☒ **Other (specify):** _____

Source of Past Use(s) Info: SSSEBS documents

Bio/Physical Setting (such as topography, surface drainage, and runoff, etc.): Flat. Surface drainage to storm sewer system.

Describe "Housekeeping" appearance in and around buildings: Good

Condition of Exterior Painted Surfaces: Good.

Condition of Interior Painted Surfaces: Good.

Additional Site/Structure/Building Specific Interview(s) None

(Name & Phone Number) (If Applicable): _____

Visual Site Inspection (VSI) Report

HAZARDOUS MATERIAL / WASTE

Are Hazardous Materials Present? Yes ☒ No ☐ Hazardous Wastes? Yes ☐ No ☒

Are any of the Hazardous
Materials/Wastes Radioactive? Yes ☐ No ☒

Describe Type: _____

Are any Petroleum Products
Present? Yes ☒ No ☐

Type of Hazardous Materials
Present: Motor oil, household cleaners, latex paint.

Type of Hazardous Materials Storage (e.g. drums, boxes, tanks, small
containers): Small cans/containers. _____

IAP or ACCS Present? Yes ☐ No ☒

Location(s) of

IAP/ACCS: _____

Type of Hazardous Waste Present: _____

Type of Hazardous Waste Storage (e.g. drums, boxes, tanks, bowsters, roll-off bins):

IAP Disposal Practices (ACCS destination): _____

Changed Hazardous Materials/Waste Conditions since last VSI: None.

Visual Site Inspection (VSI) Report

Potential Issues Checklist:

Cite indications of the following with a check by the appropriate item. Elaborate in the remarks section (on back of page) if additional clarification is required or if potential issue causes a concern.

- | | |
|--|--|
| <input type="checkbox"/> UST/AST (describe) | <input type="checkbox"/> Evidence of Improper Disposal |
| <input type="checkbox"/> Radiation | <input type="checkbox"/> Energy Source (describe if non-standard utilities) |
| <input type="checkbox"/> Oil/Water Separator | <input type="checkbox"/> Noxious Odors (describe) |
| <input type="checkbox"/> Grease Traps | <input type="checkbox"/> Stressed Vegetation (potential chemical release) |
| <input type="checkbox"/> Septic Tank | <input type="checkbox"/> Sensitive Receptors |
| <input type="checkbox"/> Sumps | <input type="checkbox"/> Discolored Soil (outdoor spills) |
| <input checked="" type="checkbox"/> Stormwater Drain | <input type="checkbox"/> Fill Areas/Partially Buried Objects |
| <input type="checkbox"/> IWL Drains/Effluent Waste Discharge (describe use and type) | <input type="checkbox"/> Surface Water |
| <input checked="" type="checkbox"/> Sanitary Sewer Drain | <input type="checkbox"/> Fraying Insulation |
| <input type="checkbox"/> Waste Piles (describe) | <input type="checkbox"/> Operation/Equipment of Concern (see check list below) |
| <input checked="" type="checkbox"/> Suspected Lead Paint (age <1978, and/or positive result) | <input checked="" type="checkbox"/> ODCs (chillers, fire suppressors, etc.) |
| <input checked="" type="checkbox"/> Suspected ACM (positive result) | <input type="checkbox"/> Landfills within 1000 ft (GIS/data) |
| <input type="checkbox"/> Suspected PCB's (leaking transformers) | <input type="checkbox"/> Medical/Biological Wastes (describe) |
| <input checked="" type="checkbox"/> Suspected PCB's (fluorescent light ballasts) | <input checked="" type="checkbox"/> Permits (air, waste treatment, radiation) |
| <input type="checkbox"/> Suspected PCB's (tagged equipment) | <input type="checkbox"/> Drum/Container Storage |
| <input type="checkbox"/> Stained Industrial Sinks | <input type="checkbox"/> Other (explain below) |
| <input type="checkbox"/> Evidence of Spills (indoor spills) | |
| <input type="checkbox"/> Evidence of Spills (outdoor spills) | |

Other issues, conditions, or discrepancies that potentially present a concern: _____

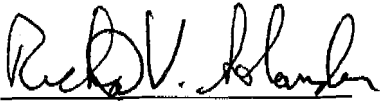
Operation/Equipment of Concern (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Plating Shop | <input type="checkbox"/> Washrack |
| <input type="checkbox"/> Machine Shop | <input type="checkbox"/> Degreaser |
| <input type="checkbox"/> Ballbearing Repair Shop | <input type="checkbox"/> Engine Testing/Repair Shop |
| <input type="checkbox"/> Electronics Repair Shop | <input type="checkbox"/> Physical Science/Testing Lab |
| <input type="checkbox"/> Instrument Calibration/Repair Area | <input type="checkbox"/> Battery Shop (lead/acid battery charging) |
| <input type="checkbox"/> Paint/Solvent Spray Booth | <input type="checkbox"/> Motor/Generator Repair Shop |
| <input type="checkbox"/> Fuel Bladder Shop | <input type="checkbox"/> Hydraulic Equipment Repair/Testing Shop |
| <input type="checkbox"/> Treatment Plants | <input type="checkbox"/> Media Blast |
| <input type="checkbox"/> IRP Systems (i.e. SVE units etc.) | <input type="checkbox"/> Other (explain below) |

Other Operations/Equipment: _____

Visual Site Inspection (VSI) Report

REMARKS: The sanitary sewer line has been replaced between buildings 944 and 945 and north of building 525. Temporary sheds (not on real property records) numbered 1413, 1414, 1415, 1416, and 1037 are located within the perimeter fence of the building 1412 childcare center.



3/17/04

RICHARD V. SOLANDER
AFRPA/DD-McClellan
Environmental Scientist

Visual Site Inspection (VSI) Report

Facility Number(s)/Surrounding Property: Buildings 30, 34, 72, 73, 74, 75, 80, 87, 89, 93, 103, 104, 105, 106, 107, 108, 109, 152, 941, 942, 951, 952, and associated property within parcel A3.

Facility Name: Parcel A3

Date Surveyed: 17 Mar 2004 **Weather Conditions:** **Temp :** 82°F **Precip:** None

Surveyor: Rick Solander **Wind:** None

Facility Escort (as required): None **Visibility:** Good

Facility Escort Phone Not Applicable

Number(s):

Year Built: Various, ranging from 1938 to 1985. See SSSEBSs for more detail. **Last VSI Conducted:** 14 Feb 2003

Current Uses (include any special operations/equipment used): Lodging, residential, recreational, and administrative.

Past Use(s): Unknown Same as above X **Other (specify):**

Source of Past Use(s) Info: SSSEBS documents

Bio/Physical Setting (such as topography, surface drainage, and runoff, etc.): Flat. Surface drainage flows to storm system.

Describe "Housekeeping" appearance in and around buildings: Good

Condition of Exterior Painted Surfaces: Good. No peeling or flaking paint observed.

Condition of Interior Painted Surfaces: Good. Buildings 941 and 942 were renovated.

Additional Site/Structure/Building Specific Interview(s) None

(Name & Phone Number) (If Applicable):

HAZARDOUS MATERIAL / WASTE

Visual Site Inspection (VSI) Report

Are Hazardous Materials Present? Yes ☒ No ☐ Hazardous Wastes? Yes ☐ No ☒

Are any of the Hazardous
Materials/Wastes Radioactive? Yes ☐ No ☒

Describe Type: _____

Are any Petroleum Products Yes ☐ No ☒
Present?

Type of Hazardous Materials For Swimming Pool Maintenance: Liquid and granular chlorine,
Present: muriatic acid, isocyanuric acid, calcium chloride. Small quantities.

Type of Hazardous Materials Storage (e.g. drums, boxes, tanks, small 5- to 30-gallon drums.
containers): _____

IAP or ACCS Present? Yes ☐ No ☒

Location(s) of

IAP/ACCS: _____

Type of Hazardous Waste Present: _____

Type of Hazardous Waste Storage (e.g. drums, boxes, tanks, bowsters, roll-off bins):

IAP Disposal Practices (ACCS destination): _____

Changed Hazardous Materials/Waste Conditions since last VSI: None.

Visual Site Inspection (VSI) Report

Potential Issues Checklist:

Cite indications of the following with a check by the appropriate item. Elaborate in the remarks section (on back of page) if additional clarification is required or if potential issue causes a concern.

- | | |
|--|--|
| <input type="checkbox"/> UST/AST (describe) | <input type="checkbox"/> Evidence of Improper Disposal |
| <input type="checkbox"/> Radiation | <input type="checkbox"/> Energy Source (describe if non-standard utilities) |
| <input type="checkbox"/> Oil/Water Separator | <input type="checkbox"/> Noxious Odors (describe) |
| <input type="checkbox"/> Grease Traps | <input type="checkbox"/> Stressed Vegetation (potential chemical release) |
| <input type="checkbox"/> Septic Tank | <input type="checkbox"/> Sensitive Receptors |
| <input type="checkbox"/> Sumps | <input type="checkbox"/> Discolored Soil (outdoor spills) |
| <input checked="" type="checkbox"/> Stormwater Drain | <input type="checkbox"/> Fill Areas/Partially Buried Objects |
| <input type="checkbox"/> IWL Drains/Effluent Waste Discharge (describe use and type) | <input type="checkbox"/> Surface Water |
| <input checked="" type="checkbox"/> Sanitary Sewer Drain | <input type="checkbox"/> Fraying Insulation |
| <input type="checkbox"/> Waste Piles (describe) | <input type="checkbox"/> Operation/Equipment of Concern (see check list below) |
| <input checked="" type="checkbox"/> Suspected Lead Paint (age <1978, and/or positive result) | <input checked="" type="checkbox"/> ODCs (chillers, fire suppressors, etc.) |
| <input checked="" type="checkbox"/> Suspected ACM (positive result) | <input type="checkbox"/> Landfills within 1000 ft (GIS/data) |
| <input type="checkbox"/> Suspected PCB's (leaking transformers) | <input type="checkbox"/> Medical/Biological Wastes (describe) |
| <input checked="" type="checkbox"/> Suspected PCB's (fluorescent light ballasts) | <input type="checkbox"/> Permits (air, waste treatment, radiation) |
| <input type="checkbox"/> Suspected PCB's (tagged equipment) | <input type="checkbox"/> Drum/Container Storage |
| <input type="checkbox"/> Stained Industrial Sinks | <input type="checkbox"/> Other (explain below) |
| <input type="checkbox"/> Evidence of Spills (indoor spills) | |
| <input type="checkbox"/> Evidence of Spills (outdoor spills) | |

Other issues, conditions, or discrepancies that potentially present a concern: _____


Operation/Equipment of Concern (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Plating Shop | <input type="checkbox"/> Washrack |
| <input type="checkbox"/> Machine Shop | <input type="checkbox"/> Degreaser |
| <input type="checkbox"/> Ballbearing Repair Shop | <input type="checkbox"/> Engine Testing/Repair Shop |
| <input type="checkbox"/> Electronics Repair Shop | <input type="checkbox"/> Physical Science/Testing Lab |
| <input type="checkbox"/> Instrument Calibration/Repair Area | <input type="checkbox"/> Battery Shop (lead/acid battery charging) |
| <input type="checkbox"/> Paint/Solvent Spray Booth | <input type="checkbox"/> Motor/Generator Repair Shop |
| <input type="checkbox"/> Fuel Bladder Shop | <input type="checkbox"/> Hydraulic Equipment Repair/Testing Shop |
| <input type="checkbox"/> Treatment Plants | <input type="checkbox"/> Media Blast |
| <input type="checkbox"/> IRP Systems (i.e. SVE units etc.) | <input type="checkbox"/> Other (explain below) |

Other Operations/Equipment: _____

Visual Site Inspection (VSI) Report

REMARKS: The sanitary sewer line between buildings 941 and 942 was replaced.



RICHARD V. SOLANDER
AFRPA/DD-McClellan
Environmental Scientist

3/17/04

Visual Site Inspection (VSI) Report

Facility Number(s)/Surrounding Property: Buildings 786-C, 786-D, 786-E, 786-F, 786-G, 786-H, 786-I, 786-J, and property associated with parcel A7.

Facility Name: Parcel A7

Date Surveyed: 17 Mar 2004 **Weather Conditions:** **Temp :** 82°F **Precip:** None

Surveyor: Rick Solander **Wind:** None

Facility Escort (as required): None **Visibility:** Good

Facility Escort Phone Number(s): Not Applicable

Year Built: 1958 **Last VSI Conducted:** 21 May 2003

Current Uses (include any special operations/equipment used): Warehouse

Past Use(s): Unknown Same as above ☒ Other (specify):

Source of Past Use(s) Info: SSSEBS Documents

Bio/Physical Setting (such as topography, surface drainage, and runoff, etc.): Flat and in Flood Plain.
Surface drainage to storm sewer system.

Describe "Housekeeping" appearance in and around buildings: Good

Condition of Exterior Painted Surfaces: Good. No flaking or peeling paint observed.

Condition of Interior Painted Surfaces: Good. No flaking or peeling paint observed.

Additional Site/Structure/Building Specific Interview(s) None

(Name & Phone Number) (If Applicable):

Visual Site Inspection (VSI) Report

HAZARDOUS MATERIAL / WASTE

Are Hazardous Materials Present? Yes ☒ No ☐ Hazardous Wastes? Yes ☐ No ☒

Are any of the Hazardous Materials/Wastes Radioactive? Yes ☐ No ☒

Describe Type: _____

Are any Petroleum Products Present? Yes ☒ No ☐

Type of Hazardous Materials Present: Diesel fuel for air compressors. Freon.

Type of Hazardous Materials Storage (e.g. drums, boxes, tanks, small containers): Tanks, portable.

IAP or ACCS Present? Yes ☐ No ☒

Location(s) of

IAP/ACCS: _____

Type of Hazardous Waste Present: _____

Type of Hazardous Waste Storage (e.g. drums, boxes, tanks, bowlers, roll-off bins):

IAP Disposal Practices (ACCS destination): _____

Changed Hazardous Materials/Waste Conditions since last VSI: None.

Visual Site Inspection (VSI) Report

Potential Issues Checklist:

Cite indications of the following with a check by the appropriate item. Elaborate in the remarks section (on back of page) if additional clarification is required or if potential issue causes a concern.

- | | |
|--|--|
| <input type="checkbox"/> UST/AST (describe) | <input type="checkbox"/> Evidence of Improper Disposal |
| <input type="checkbox"/> Radiation | <input type="checkbox"/> Energy Source (describe if non-standard utilities) |
| <input type="checkbox"/> Oil/Water Separator | <input type="checkbox"/> Noxious Odors (describe) |
| <input type="checkbox"/> Grease Traps | <input type="checkbox"/> Stressed Vegetation (potential chemical release) |
| <input type="checkbox"/> Septic Tank | <input type="checkbox"/> Sensitive Receptors |
| <input checked="" type="checkbox"/> Sumps | <input type="checkbox"/> Discolored Soil (outdoor spills) |
| <input checked="" type="checkbox"/> Stormwater Drain | <input type="checkbox"/> Fill Areas/Partially Buried Objects |
| <input type="checkbox"/> IWL Drains/Effluent Waste Discharge (describe use and type) | <input type="checkbox"/> Surface Water |
| <input checked="" type="checkbox"/> Sanitary Sewer Drain | <input type="checkbox"/> Fraying Insulation |
| <input type="checkbox"/> Waste Piles (describe) | <input type="checkbox"/> Operation/Equipment of Concern (see check list below) |
| <input checked="" type="checkbox"/> Suspected Lead Paint (age <1978, and/or positive result) | <input checked="" type="checkbox"/> ODCs (chillers, fire suppressors, etc.) |
| <input checked="" type="checkbox"/> Suspected ACM (positive result) | <input type="checkbox"/> Landfills within 1000 ft (GIS/data) |
| <input type="checkbox"/> Suspected PCB's (leaking transformers) | <input type="checkbox"/> Medical/Biological Wastes (describe) |
| <input type="checkbox"/> Suspected PCB's (fluorescent light ballasts) | <input checked="" type="checkbox"/> Permits (air, waste treatment, radiation) |
| <input type="checkbox"/> Suspected PCB's (tagged equipment) | <input type="checkbox"/> Drum/Container Storage |
| <input type="checkbox"/> Stained Industrial Sinks | <input type="checkbox"/> Other (explain below) |
| <input type="checkbox"/> Evidence of Spills (indoor spills) | |
| <input type="checkbox"/> Evidence of Spills (outdoor spills) | |

Other issues, conditions, or discrepancies that potentially present a concern: _____

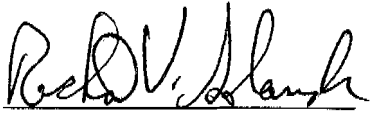
Operation/Equipment of Concern (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Plating Shop | <input type="checkbox"/> Washrack |
| <input type="checkbox"/> Machine Shop | <input type="checkbox"/> Degreaser |
| <input type="checkbox"/> Ballbearing Repair Shop | <input type="checkbox"/> Engine Testing/Repair Shop |
| <input type="checkbox"/> Electronics Repair Shop | <input type="checkbox"/> Physical Science/Testing Lab |
| <input type="checkbox"/> Instrument Calibration/Repair Area | <input type="checkbox"/> Battery Shop (lead/acid battery charging) |
| <input type="checkbox"/> Paint/Solvent Spray Booth | <input type="checkbox"/> Motor/Generator Repair Shop |
| <input type="checkbox"/> Fuel Bladder Shop | <input type="checkbox"/> Hydraulic Equipment Repair/Testing Shop |
| <input type="checkbox"/> Treatment Plants | <input type="checkbox"/> Media Blast |
| <input type="checkbox"/> IRP Systems (i.e. SVE units etc.) | <input type="checkbox"/> Other (explain below) |

Other Operations/Equipment: _____

Visual Site Inspection (VSI) Report

REMARKS: Natural resources located north of building 786 but not within the footprint of the property to be transferred.



3/17/04

RICHARD V. SOLANDER
AFRPA/DD-McClellan
Environmental Scientist

Visual Site Inspection (VSI) Report

Facility Number(s)/Surrounding Property: Buildings 1407 and property associated with parcel L1.

Facility Name: Parcel L1

Date Surveyed: 17 Mar 2004 **Weather Conditions:** **Temp :** 80°F **Precip:** None

Surveyor: Rick Solander **Wind:** None

Facility Escort (as required): None **Visibility:** Good

Facility Escort Phone Number(s): Not Applicable

Year Built: 1959 **Last VSI Conducted:** 27 May 2003

Current Uses (include any special operations/equipment used): Library (vacant)

Past Use(s): Unknown Same as above X **Other (specify):**

Source of Past Use(s) Info: SSSEBS document

Bio/Physical Setting (such as topography, surface drainage, and runoff, etc.): Flat. Surface drainage to storm system.

Describe "Housekeeping" appearance in and around buildings: Good

Condition of Exterior Painted Surfaces: Good. No flaking or peeling paint observed.

Condition of Interior Painted Surfaces: Good. No flaking or peeling paint observed.

Additional Site/Structure/Building Specific Interview(s) None
(Name & Phone Number) (If Applicable):

HAZARDOUS MATERIAL / WASTE

Are Hazardous Materials Present? Yes ☐ No ☒ **Hazardous Wastes?** Yes ☐ No ☒

Are any of the Hazardous Materials/Wastes Radioactive? Yes ☐ No ☒

Describe Type:

Visual Site Inspection (VSI) Report

Are any Petroleum Products Present?

Yes

☐

No

☒

Type of Hazardous Materials Present:

Type of Hazardous Materials Storage (e.g. drums, boxes, tanks, small containers):

IAP or ACCS Present?

Yes

☐

No

☒

Location(s) of

IAP/ACCS:

Type of Hazardous Waste Present:

Type of Hazardous Waste Storage (e.g. drums, boxes, tanks, bowlers, roll-off bins):

IAP Disposal Practices (ACCS destination):

Changed Hazardous Materials/Waste Conditions since last VSI: None.

Visual Site Inspection (VSI) Report

Potential Issues Checklist:

Cite indications of the following with a check by the appropriate item. Elaborate in the remarks section (on back of page) if additional clarification is required or if potential issue causes a concern.

- | | |
|--|--|
| <input type="checkbox"/> UST/AST (describe) | <input type="checkbox"/> Evidence of Improper Disposal |
| <input type="checkbox"/> Radiation | <input type="checkbox"/> Energy Source (describe if non-standard utilities) |
| <input type="checkbox"/> Oil/Water Separator | <input type="checkbox"/> Noxious Odors (describe) |
| <input type="checkbox"/> Grease Traps | <input type="checkbox"/> Stressed Vegetation (potential chemical release) |
| <input type="checkbox"/> Septic Tank | <input type="checkbox"/> Sensitive Receptors |
| <input type="checkbox"/> Sumps | <input type="checkbox"/> Discolored Soil (outdoor spills) |
| <input checked="" type="checkbox"/> Stormwater Drain | <input type="checkbox"/> Fill Areas/Partially Buried Objects |
| <input type="checkbox"/> IWL Drains/Effluent Waste Discharge (describe use and type) | <input type="checkbox"/> Surface Water |
| <input checked="" type="checkbox"/> Sanitary Sewer Drain | <input type="checkbox"/> Fraying Insulation |
| <input type="checkbox"/> Waste Piles (describe) | <input type="checkbox"/> Operation/Equipment of Concern (see check list below) |
| <input checked="" type="checkbox"/> Suspected Lead Paint (age <1978, and/or positive result) | <input checked="" type="checkbox"/> ODCs (chillers, fire suppressors, etc.) |
| <input type="checkbox"/> Suspected ACM (positive result) | <input type="checkbox"/> Landfills within 1000 ft (GIS/data) |
| <input type="checkbox"/> Suspected PCB's (leaking transformers) | <input type="checkbox"/> Medical/Biological Wastes (describe) |
| <input checked="" type="checkbox"/> Suspected PCB's (fluorescent light ballasts) | <input type="checkbox"/> Permits (air, waste treatment, radiation) |
| <input type="checkbox"/> Suspected PCB's (tagged equipment) | <input type="checkbox"/> Drum/Container Storage |
| <input type="checkbox"/> Stained Industrial Sinks | <input type="checkbox"/> Other (explain below) |
| <input type="checkbox"/> Evidence of Spills (indoor spills) | |
| <input type="checkbox"/> Evidence of Spills (outdoor spills) | |

Other issues, conditions, or discrepancies that potentially present a concern: _____

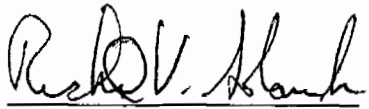
Operation/Equipment of Concern (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Plating Shop | <input type="checkbox"/> Washrack |
| <input type="checkbox"/> Machine Shop | <input type="checkbox"/> Degreaser |
| <input type="checkbox"/> Ballbearing Repair Shop | <input type="checkbox"/> Engine Testing/Repair Shop |
| <input type="checkbox"/> Electronics Repair Shop | <input type="checkbox"/> Physical Science/Testing Lab |
| <input type="checkbox"/> Instrument Calibration/Repair Area | <input type="checkbox"/> Battery Shop (lead/acid battery charging) |
| <input type="checkbox"/> Paint/Solvent Spray Booth | <input type="checkbox"/> Motor/Generator Repair Shop |
| <input type="checkbox"/> Fuel Bladder Shop | <input type="checkbox"/> Hydraulic Equipment Repair/Testing Shop |
| <input type="checkbox"/> Treatment Plants | <input type="checkbox"/> Media Blast |
| <input type="checkbox"/> IRP Systems (i.e. SVE units etc.) | <input type="checkbox"/> Other (explain below) |

Other Operations/Equipment: _____

Visual Site Inspection (VSI) Report

REMARKS: None



3/17/04

RICHARD V. SOLANDER
AFRPA/DD-McClellan
Environmental Scientist

Visual Site Inspection (VSI) Report

Facility Number(s)/Surrounding Property: No buildings are associated with this portion of parcel L3.
Consists of paved and grassy land area.

Facility Name: Parcel L3 (Partial)

Date Surveyed: 17 Mar 2004 **Weather Conditions:** **Temp :** 82°F **Precip:** None

Surveyor: Rick Solander **Wind:** None

Facility Escort (as required): None **Visibility:** Good

Facility Escort Phone

Number(s):

Year Built: Not Applicable **Last VSI Conducted:** 27 May 2003

Current Uses (include any special operations/equipment used): Parking and grassy area

Past Use(s): Unknown Same as above **Other (specify):** Parking lot, was previously a tennis court

Source of Past Use(s) Info: SSSEBS

Bio/Physical Setting (such as topography, surface drainage, and runoff, etc.): Flat. Surface drainage to west and into storm water system

Describe "Housekeeping" appearance in and around buildings: Good

Condition of Exterior Painted Surfaces: Not Applicable

Condition of Interior Painted Surfaces: Not Applicable

Additional Site/Structure/Building Specific Interview(s)

(Name & Phone Number) (If Applicable):

Visual Site Inspection (VSI) Report

HAZARDOUS MATERIAL / WASTE

Are Hazardous Materials Present? Yes ☐ No ☒ Hazardous Wastes? Yes ☐ No ☒

Are any of the Hazardous
Materials/Wastes Radioactive? Yes ☐ No ☒

Describe Type: _____

Are any Petroleum Products Yes ☐ No ☒
Present?

Type of Hazardous Materials
Present: _____

Type of Hazardous Materials Storage (e.g. drums, boxes, tanks, small
containers): _____

IAP or ACCS Present? Yes ☐ No ☒

Location(s) of

IAP/ACCS: _____

Type of Hazardous Waste Present: _____

Type of Hazardous Waste Storage (e.g. drums, boxes, tanks, bowlers, roll-off bins):

IAP Disposal Practices (ACCS destination): _____

Changed Hazardous Materials/Waste Conditions since last VSI: None

Visual Site Inspection (VSI) Report

Potential Issues Checklist:

Cite indications of the following with a check by the appropriate item. Elaborate in the remarks section (on back of page) if additional clarification is required or if potential issue causes a concern.

- | | |
|--|--|
| <input type="checkbox"/> UST/AST (describe) | <input type="checkbox"/> Evidence of Improper Disposal |
| <input type="checkbox"/> Radiation | <input type="checkbox"/> Energy Source (describe if non-standard utilities) |
| <input type="checkbox"/> Oil/Water Separator | <input type="checkbox"/> Noxious Odors (describe) |
| <input type="checkbox"/> Grease Traps | <input type="checkbox"/> Stressed Vegetation (potential chemical release) |
| <input type="checkbox"/> Septic Tank | <input type="checkbox"/> Sensitive Receptors |
| <input type="checkbox"/> Sumps | <input type="checkbox"/> Discolored Soil (outdoor spills) |
| <input checked="" type="checkbox"/> Stormwater Drain | <input type="checkbox"/> Fill Areas/Partially Buried Objects |
| <input type="checkbox"/> IWL Drains/Effluent Waste Discharge (describe use and type) | <input type="checkbox"/> Surface Water |
| <input type="checkbox"/> Sanitary Sewer Drain | <input type="checkbox"/> Fraying Insulation |
| <input type="checkbox"/> Waste Piles (describe) | <input type="checkbox"/> Operation/Equipment of Concern (see check list below) |
| <input type="checkbox"/> Suspected Lead Paint (age <1978, and/or positive result) | <input type="checkbox"/> ODCs (chillers, fire suppressors, etc.) |
| <input type="checkbox"/> Suspected ACM (positive result) | <input type="checkbox"/> Landfills within 1000 ft (GIS/data) |
| <input type="checkbox"/> Suspected PCB's (leaking transformers) | <input type="checkbox"/> Medical/Biological Wastes (describe) |
| <input type="checkbox"/> Suspected PCB's (fluorescent light ballasts) | <input type="checkbox"/> Permits (air, waste treatment, radiation) |
| <input type="checkbox"/> Suspected PCB's (tagged equipment) | <input type="checkbox"/> Drum/Container Storage |
| <input type="checkbox"/> Stained Industrial Sinks | <input type="checkbox"/> Other (explain below) |
| <input type="checkbox"/> Evidence of Spills (indoor spills) | |
| <input type="checkbox"/> Evidence of Spills (outdoor spills) | |

Other issues, conditions, or discrepancies that potentially present a concern: _____

Operation/Equipment of Concern (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Plating Shop | <input type="checkbox"/> Washrack |
| <input type="checkbox"/> Machine Shop | <input type="checkbox"/> Degreaser |
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| <input type="checkbox"/> Treatment Plants | <input type="checkbox"/> Media Blast |
| <input type="checkbox"/> IRP Systems (i.e. SVE units etc.) | <input type="checkbox"/> Other (explain below) |

Other Operations/Equipment: _____

Visual Site Inspection (VSI) Report

REMARKS: None.



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3/17/04